

# LEGACY PREPARATORY



Mesquite West Legacy  
Preparatory Charter Academy  
2727 Military Pkwy.  
Mesquite, Texas 75149

Plano Legacy Preparatory  
Charter Academy  
601 Accent Dr.  
Plano, Texas 75075

Legacy21, Inc. Vision:

Legacy Preparatory Charter Academy will serve as a model school of excellence, addressing the diverse needs of students, their families, and their communities, as we prepare all students to be college- and career-ready leaders through imparting knowledge, developing intellectual and emotional independence, and instilling moral values that will prepare them for 21st century achievement.

Dr. Rebecca Good,  
Superintendent

# MEDICATION PERMISSION FORM

“Over the counter” medication (i.e. acetaminophen, ointments, cold tablets, cough syrup, Tylenol, Advil, etc.) will be given only if we have written permission by the parent and/or physician. The label will include the student’s name, doctor’s name, date, name of medication, dosage, directions, and duration medication is to be given. This signed form must accompany medication to be given at school. These over the counter medications will be kept for a one week period, unless signed by a physician for a longer period of time.

Only medication in the original container will be administered at school by authorized personnel.

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions for giving medication (dosage, time, beginning and ending dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby request the medication specified above to be given to the above named student. I realize that the medication may be given by someone other than a medically trained person. I also realize that the school or person administering the medication will not be held liable for any adverse reaction to the medication when administered as directed on the prescription labeled bottle.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_